

APPLICATION DATA SHEET**APPLICATION INFORMATION**

Application Type:: Regular
Subject Matter:: Utility
CD-ROM or CD-R?:: None
Number of CD disks::
Number of copies of CDs::
Sequence submission?:: None
Computer Readable Form (CRF)?:: No
Number of copies of CRF::
Title:: Use of dipyridamole in combination with acetylsalicylic acid and an angiotensin II antagonist for stroke prevention
Attorney Docket Number:: 1/1461 PCT
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets::
Small Entity?:: No
Petition included?:: No
Secrecy Order in Parent Appl.?:: No

APPLICANT INFORMATION

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GERMANY
Status:: Full Capacity
Given Name:: Lutz
Family Name:: HILBRICH
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Country of Residence:: GERMANY
Street of mailing address:: An der Helling 24a
City of mailing address:: Mainz-Kastel
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Postal or Zip Code of mailing address::	55252
Applicant Authority Type::	Inventor
Primary Citizenship Country::	GERMANY
Status::	Full Capacity
Given Name::	Axel
Family Name::	RIEDEL
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Applicant Authority Type::	Inventor
Primary Citizenship Country::	GREAT BRITAIN
Status::	Full Capacity
Given Name::	David
Middle Name::	Michael
Family Name::	HUMPHREYS
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Country of Residence::	ITALY
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City of mailing address::	Anghiari (AR)
Country of mailing address::	ITALY
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Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	James
Middle Name::	C.
Family Name::	GILBERT

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State or Province of Residence:: CT
Country of Residence:: US
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City of mailing address:: Bethlehem
State or Province of mailing address:: CT
Country of mailing address:: US
Postal or Zip Code of mailing address:: 06751

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 28501

REPRESENTATIVE INFORMATION

Representative Customer Number:: 28501

FOREIGN PRIORITY INFORMATION

Country::	Application Number::	Filing Date::	Priority Claimed::
EP	PCT/EP2004/001208	02/10/2004	Yes
EP	03018212	08/08/2003	Yes
DE	103 06 179	02/13/2003	Yes

ASSIGNEE INFORMATION

Assignee name::

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State or Province of mailing address::
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